

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Aging and Disability Services Division

*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

### ATTENDANCE RECORD OF CONTINUING EDUCATION COURSES

|                         |               |                                    |  |
|-------------------------|---------------|------------------------------------|--|
| <b>Name:</b>            |               | <b>State of NV License Number:</b> |  |
| <b>Mailing Address:</b> |               |                                    |  |
| <b>City:</b>            | <b>State:</b> | <b>Zip:</b>                        |  |
| <b>Phone:</b>           | <b>Email:</b> |                                    |  |

**PLEASE NOTE: UNLESS AN AUDIT LETTER IS ENCLOSED WITH YOUR RENEWAL MATERIALS, NO DOCUMENTATION SHOULD ACCOMPANY THIS FORM.** Nevada Revised Statute (NRS) Chapter 437 and Nevada Administrative Code (NAC) Chapter 437 in reference to the Board of Applied Behavior Analysis state that in order to renew a license, a licensed behavior analyst or licensed assistant behavior analyst must certify to the Board that that they have completed the continuing education requirements during the 2 years immediately preceding the date he or she submits an application for renewal including, the 2 hours of evidenced-based suicide prevention and awareness education.

**Signing this form certifies that you have completed the continuing education required by NRS and NAC and that the evidence of completion of continuing education required is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

